(TO BE COMPLETED ONCE FUNDS ARE AWARDED) Governing Body Resolution

BE IT	RESOLVED BY THE	E				
			(Governing l	Body)		
OF TH	'E					THAT
			(Name of Ap	plicant)		
						, OR
			(Name or Tit	le of Authoriz	ed Agent)	, On
						OR
			(Name or Tit	le of Authoriz	ed Agent)	, ,
				in H		
			(Name or Tit	e of Authorize	ed Agent)	
	the State of Virginia and approved this	a.	day of		2009	
1 assect	and approved this		_ day of		2009	
Certifi	ication					
I,					, duly appo	ointed and
		(Name)				
			of the			
1 - 1 - 1	(Title)		-		(Governing Body)	
do nere	by certify that the abo	ove is a true	and correct	copy of	a resolution passed and	approved by
the			of the			on the
	(Governing body)	day of			(Name of Applicant) 2009	
Official Po	sition)		1		_	
(Signature)						
(Date)						
,						